Remarks

In view of the amended claims and remarks, reconsideration of this application is respectfully requested.

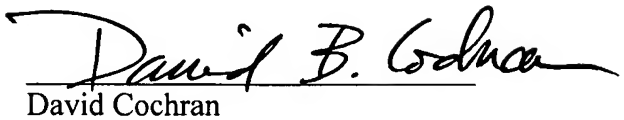
Claims 1-21 are cancelled and new claims 22-50 are added. Claims 22-36 were determined to have novelty and inventive step by the U.S.P.T.O. Receiving Office in the parent PCT application. Specifically, the cited reference, Evans (U.S. Pat. No. 5,924,074), was considered by the Examiner in the prosecution of the PCT application, and was determined not to anticipate or make obvious (in combination with other references) the amended claims as stated in the IPER (which is attached for your reference). Also attached is Applicant's reply to the Written Opinion, explaining why the amended claims are patentable over Evans and the other cited references.

New claims 37 through 50 are also patentable over the references cited in the PCT phase, including Evans. These claims are distinguishable because of their dependency on earlier claims and because they also recite additional distinguishable subject matter.

Conclusion

In view of the attached documents showing that the amended claims have already been considered by the U.S.P.T.O. and determined to be patentable over the prior art, including the currently cited Evans reference, the Examiner is requested to pass this case to issue.

Respectfully submitted,



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Attachment 1: IPER from Parent PCT Application

PCT

INTERNATIONAL PRELIMINARY EXAMINATION REPORT

(PCT Article 36 and Rule 70)

Applicant's or agent's file reference 214255615001	**FOR FURTHER ACTION**	See Notification of Transmittal of International Preliminary Examination Report (Form PCT/IPEA/416)
International application No. PCT/US00/25209	International filing date *(day/month/year)* 15 September 2000 (15.09.2000)	Priority date *(day/month/year)* 16 September 1999 (16.09.1999)
International Patent Classification (IPC) or national classification and IPC IPC(7): G06F 17/16 and US Cl.: 705/3		
Applicant NOTEWORTHY MEDICAL SYSTEMS, INC.		

1. This international preliminary examination report has been prepared by this International Preliminary Examining Authority and is transmitted to the applicant according to Article 36.

2. This REPORT consists of a total of 3 sheets, including this cover sheet.

   [X] This report is also accompanied by ANNEXES, i.e., sheets of the description, claims and/or drawings which have been amended and are the basis for this report and/or sheets containing rectifications made before this Authority (see Rule 70.16 and Section 607 of the Administrative Instructions under the PCT).

   These annexes consist of a total of 4 sheets.

3. This report contains indications relating to the following items:

   - I [X] Basis of the report
   - II [ ] Priority
   - III [ ] Non-establishment of report with regard to novelty, inventive step and industrial applicability
   - IV [ ] Lack of unity of invention
   - V [X] Reasoned statement under Article 35(2) with regard to novelty, inventive step or industrial applicability; citations and explanations supporting such statement
   - VI [ ] Certain documents cited
   - VII [ ] Certain defects in the international application
   - VIII [ ] Certain observations on the international application

Date of submission of the demand	Date of completion of this report
10 April 2001 (10.04.2001)	02 November 2001 (02.11.2001)
Name and mailing address of the IPEA/US Commissioner of Patents and Trademarks Box PCT Washington, D.C. 20231 Facsimile No. (703)305-3230	Authorized officer Tariq R Hafiz Telephone No. (703) 305-3900

I. Basis of the report

1. With regard to the **elements** of the international application:*

☐ the international application as originally filed.

☒ the description:
pages 1-31 as originally filed
pages NONE, filed with the demand
pages NONE, filed with the letter of _____.

☒ the claims:
pages NONE, as originally filed
pages NONE, as amended (together with any statement) under Article 19
pages NONE, filed with the demand
pages 32-35, filed with the letter of 03 October 2001 (03.10.2001)

☒ the drawings:
pages 1-25, as originally filed
pages NONE, filed with the demand
pages NONE, filed with the letter of _____.

☒ the sequence listing part of the description:
pages NONE, as originally filed
pages NONE, filed with the demand
pages NONE, filed with the letter of _____.

2. With regard to the **language**, all the elements marked above were available or furnished to this Authority in the language in which the international application was filed, unless otherwise indicated under this item.
These elements were available or furnished to this Authority in the following language _____ which is:

☐ the language of a translation furnished for the purposes of international search (under Rule23.1(b)).

☐ the language of publication of the international application (under Rule 48.3(b)).

☐ the language of the translation furnished for the purposes of international preliminary examination(under Rules 55.2 and/or 55.3).

3. With regard to any **nucleotide and/or amino acid sequence** disclosed in the international application, the international preliminary examination was carried out on the basis of the sequence listing:

☐ contained in the international application in printed form.

☐ filed together with the international application in computer readable form.

☐ furnished subsequently to this Authority in written form.

☐ furnished subsequently to this Authority in computer readable form.

☐ The statement that the subsequently furnished written sequence listing does not go beyond the disclosure in the international application as filed has been furnished.

☐ The statement that the information recorded in computer readable form is identical to the written sequence listing has been furnished.

4. ☒ The amendments have resulted in the cancellation of:

☒ the description, pages NONE

☒ the claims, Nos. 1-21

☒ the drawings, sheets/~~fig~~ NONE

5. ☐ This report has been established as if (some of) the amendments had not been made, since they have been considered to go beyond the disclosure as filed, as indicated in the Supplemental Box (Rule 70.2(c)).**

** Replacement sheets which have been furnished to the receiving Office in response to an invitation under Article 14 are referred to in this report as "originally filed" and are not annexed to this report since they do not contain amendments (Rules 70.16 and 70.17).*

*** Any replacement sheet containing such amendments must be referred to under item 1 and annexed to this report.*

V. Reasoned statement under Rule 66.2(a)(ii) with regard to novelty, inventive step or industrial applicability; citations and explanations supporting such statement

1. STATEMENT

Novelty (N)	Claims 22-36	YES
	Claims NONE	NO
Inventive Step (IS)	Claims 22-36	YES
	Claims NONE	NO
Industrial Applicability (IA)	Claims 22-36	YES
	Claims NONE	NO

2. CITATIONS AND EXPLANATIONS

Claims 22-36 meet the criteria set out in PCT Article 33(2)-(4), because the prior art does not teach or fairly suggest a graphical user interface organized into a subjective, objective, assessment, and plan format. Further more, the prior art does not teach suggesting medical treatments within a carepath module in response to receiving medical treatment data.

---------- NEW CITATIONS ----------

22. A computer implemented medical record system, comprising:

a graphical user interface including first, second and third screens organized into a subjective, objective, assessment, and plan (SOAP) format;

the first screen being operative to accept data input relating to summary data, the summary data including patient vital signs, patient history, patient complaint, patient allergies, patient medications, and patient problem data;

the second screen being operative to accept data input relating to patient history and physical examination data; and

the third screen being operative to accept data input relating to order entry data, the order entry data being determined by a user of the system by referencing the summary data and the history and physical examination data.

23. The system of claim 22, further comprising a plurality of visit outlines selectable by a user of the system, each visit outline modifying a data input field in one of the first, second and third screens when selected.

24. The system of claim 23, wherein the system requires the user of the system to input data in a modified data input field.

25. The system of claim 22, wherein the graphical user interface further comprises a carepath module for suggesting a particular medical treatment in response to the data input in the first, second and third screens, the module also prompting the user to input patient data relevant to a corresponding particular treatment regimen.

26. The system of claim 22, wherein the graphical user interface further includes an All Normal structure to input data having normal patient parameters into the screens.

27. The system of claim 22, further comprising a data repository including genogramatical data, the graphical user interface communicating with the data repository.

28. A computer implemented medical record system comprising a graphical user interface including an automated carepath module for receiving medical treatment data by a user of the system, the carepath module suggesting medical treatments and prompting for additional relevant medical data in response to receiving the medical treatment data.

29. The system of claim 28, wherein the graphical user interface further includes first, second and third screens organized into a subjective, objective, assessment, and plan (SOAP) format;

the first screen being operative to accept data input relating to summary data, the summary data including patient vital signs, patient history, patient complaint, patient allergies, patient medications, and patient problem data;

the second screen being operative to accept data input relating to patient history and physical examination data; and

the third screen being operative to accept data input relating to order entry data, the order entry data being determined by a user of the system by referencing the summary data and the history and physical examination data.

30. The system of claim 29, further comprising a plurality of visit outlines selectable by a user of the system, each visit outline modifying a data input field in one of the first, second and third screens when selected.

31. The system of claim 30, wherein the system requires the user of the system to input data in a modified data input field.

32. The system of claim 28, wherein the graphical user interface further includes an All Normal structure operative to input normal parameters for all fields.

33. The system of claim 28, further comprising a data repository including genogramatical data, the graphical user interface communicating with the data repository.

34. A method of managing patient medical treatment data, comprising:

recording medical treatment data of a patient into data fields in a medical record system graphical user interface;

entering complaint specific information during a history and physical examination into the data fields

modifying automatically the format of the data field in response to the entered medical treatment and complaint specific data;

assessing the patient in response to the medical treatment and complaint specific data; and

making medication orders in response to the medical treatment and complaint specific data through an order entry screen.

35. A method of managing patient medical treatment data, comprising:

providing a graphical user interface including first, second and third screens organized into a subjective, objective, assessment, and plan (SOAP) format;

accepting data in the first screen relating to summary data, the summary data including patient vital signs, patient history, patient complaint, patient allergies, patient medications, and patient problem data;

accepting data in the second screen relating to patient history and physical examination data; and

accepting data in the third screen relating to order entry data, the order entry data being determined by a user of the system by referencing the summary data and the history and physical examination data.

36. A method of managing patient medical treatment data, comprising:

providing a graphical user interface including an automated carepath module for receiving medical treatment data by a user of the system;

suggesting medical treatments by the carepath module in response to the received medical treatment data; and

prompting for additional relevant medical data by the carepath module in response to the received medical treatment data.

Attachment 2: Applicant's Response to Written Opinion

IN THE U.S. RECEIVING OFFICE OF THE
PATENT COOPERATION TREATY
THE INTERNATIONAL PRELIMINARY EXAMINING AUTHORITY

Applicants		Noteworthy Medical Systems, Inc.
Serial No.		PCT/US00/25209
International Filing Date	:	15 September 2000
Title	:	Computer Based Patient Record Management System and Method
Examiner	:	Hafiz, T.
Attorney Docket No.	:	214255615001

Commissioner of Patents and Trademarks
Box PCT
Washington, D.C. 20231

RESPONSE TO WRITTEN OPINION

Sir:

Following the First Written Opinion mailed 03 August 2001, please amend the present application as follows:

In the claims:

Please cancel claims 1 - 21.

Please add new claims 22 - 36.

Please substitute pages 32 - 37 with Substitute Sheets 32 - 35.

EL647233865US

"Express Mail" Mailing Label No. _____

Date of Deposit October 3, 2001

I hereby certify that this paper or fees is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to: Commissioner for Patents, Washington, D.C.

By Kathie J. Kopczyk

Remarks

In view of the new claims and remarks, reconsideration of the above-identified PCT application is respectfully requested.

Neither *Evans* nor *Haudenschild* teaches or discloses "a graphical user interface including first, second and third screens organized into a subjective, objective, assessment, and plan (SOAP) format." Accordingly, new claim 22 is not anticipated by *Evans* or *Haudenschild*. New claims 23 - 27 depend from new claim 22 and also are not anticipated by either reference.

Further, neither *Evans* nor *Haudenschild* teach nor disclose a carepath module "prompting for additional relevant medical data in response to receiving the medical treatment data." Rather, *Evans* recites at column 7 line 54, "The practice guideline 149 provides references for practitioners to consult regarding courses of action..." *Haudenschild* recites at page 14 line 21, "the central computer 12 retrieves selectively under user control, critical care path information." Accordingly, new claim 28 is not anticipated by *Evans* or *Haudenschild*. New claims 29 - 33 depend from new claim 28 and also are not anticipated by either reference.

New claim 34 recites "modifying automatically the format of the data field in response to the entered medical treatment and complaint specific data." Which is neither taught nor disclosed by *Evans* or *Haudenschild*. Accordingly, new claim 34 is not anticipated by either reference.

Neither *Evans* nor *Haudenschild* teach nor disclose the step of "accepting data in the first screen relating to summary data, the summary data including patient vital signs, patient history, patient complaint, patient allergies, patient medications, and patient problem data" as recited in new claim 35. Accordingly, new claim 35 is not anticipated by either reference.

New claim 36 includes a carepath module "prompting for additional relevant medical data in response to receiving the medical treatment data." Neither *Evans* nor *Haudenschild* teaches or discloses the same. Accordingly, new claim 36 is not anticipated by either reference.

New claim 22 is not obvious over *Evans* in view of *Schutzer* and in view of *Taylor*. These references do not teach or suggest, alone or in combination, "a graphical user interface including first, second and third screens organized into a subjective, objective, assessment, and plan (SOAP) format." Accordingly, new claim 22 is does not lack inventive step over *Evans* in view of *Schutzer* and *Taylor*. New claims 23 - 27 depend from new claim 22 and also do not lack inventive step.

Further, new claim 28 does not lack inventive step over *Evans* in view of *Schutzer* and in view of *Taylor*. These references do not teach or suggest, alone or in combination,

a carepath module "prompting for additional relevant medical data in response to receiving the medical treatment data." Accordingly, new claim 28 does not lack inventive step. New claims 29 - 33 depend from new claim 28 and also does not lack inventive step.

New claim 34 recites "modifying automatically the format of the data field in response to the entered medical treatment and complaint specific data." This step is not taught or suggested, alone or in combination, by *Evans* in view of *Schutzer* and in view of *Taylor*. Accordingly, new claim 34 does not lack inventive step.

Evans in view of *Schutzer* and in view of *Taylor* does not teach or suggest, alone or in combination, the step of "accepting data in the first screen relating to summary data, the summary data including patient vital signs, patient history, patient complaint, patient allergies, patient medications, and patient problem data" as recited in new claim 35. Accordingly, new claim 35 does not lack inventive step.

New claim 36 recites a carepath module "prompting for additional relevant medical data in response to receiving the medical treatment data." *Evans* in view of *Schutzer* and in view of *Taylor* does not teach or suggest this, either alone or in combination. Accordingly, new claim 36 does not lack inventive step.

Conclusion

In view of the foregoing, a favorable International Preliminary Examination Report is respectfully requested.

Respectfully submitted

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(216) 586-1248

22. A computer implemented medical record system, comprising:

a graphical user interface including first, second and third screens organized into a subjective, objective, assessment, and plan (SOAP) format;

the first screen being operative to accept data input relating to summary data, the summary data including patient vital signs, patient history, patient complaint, patient allergies, patient medications, and patient problem data;

the second screen being operative to accept data input relating to patient history and physical examination data; and

the third screen being operative to accept data input relating to order entry data, the order entry data being determined by a user of the system by referencing the summary data and the history and physical examination data.

23. The system of claim 22, further comprising a plurality of visit outlines selectable by a user of the system, each visit outline modifying a data input field in one of the first, second and third screens when selected.

24. The system of claim 23, wherein the system requires the user of the system to input data in a modified data input field.

25. The system of claim 22, wherein the graphical user interface further comprises a carepath module for suggesting a particular medical treatment in response to the data input in the first, second and third screens, the module also prompting the user to input patient data relevant to a corresponding particular treatment regimen.

26. The system of claim 22, wherein the graphical user interface further includes an All Normal structure to input data having normal patient parameters into the screens.

27. The system of claim 22, further comprising a data repository including genogramatical data, the graphical user interface communicating with the data repository.

28. A computer implemented medical record system comprising a graphical user interface including an automated carepath module for receiving medical treatment data by a user of the system, the carepath module suggesting medical treatments and prompting for additional relevant medical data in response to receiving the medical treatment data.

29. The system of claim 28, wherein the graphical user interface further includes first, second and third screens organized into a subjective, objective, assessment, and plan (SOAP) format;

the first screen being operative to accept data input relating to summary data, the summary data including patient vital signs, patient history, patient complaint, patient allergies, patient medications, and patient problem data;

the second screen being operative to accept data input relating to patient history and physical examination data; and

the third screen being operative to accept data input relating to order entry data, the order entry data being determined by a user of the system by referencing the summary data and the history and physical examination data.

making medication orders in response to the medical treatment and complaint specific data through an order entry screen.

35. A method of managing patient medical treatment data, comprising:

providing a graphical user interface including first, second and third screens organized into a subjective, objective, assessment, and plan (SOAP) format;

accepting data in the first screen relating to summary data, the summary data including patient vital signs, patient history, patient complaint, patient allergies, patient medications, and patient problem data;

accepting data in the second screen relating to patient history and physical examination data; and

accepting data in the third screen relating to order entry data, the order entry data being determined by a user of the system by referencing the summary data and the history and physical examination data.

36. A method of managing patient medical treatment data, comprising:

providing a graphical user interface including an automated carepath module for receiving medical treatment data by a user of the system;

suggesting medical treatments by the carepath module in response to the received medical treatment data; and

prompting for additional relevant medical data by the carepath module in response to the received medical treatment data.